

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FEB 14 1941

Registration District No. 58

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3004

State File No. 1680

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Bates
(b) City or town North High Butler Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Nannie Jane Lockwood

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dr. Joseph Lockwood 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 8, 1854
(Month) (Day) (Year)

8. AGE: -- Years -- Months -- Days -- If less than one day
86 9 8 _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name James Lockwood

18. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name not known 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah B. Morling
(b) Address North High Butler Mo.

17. (a) Burial (b) Date thereof Jan. 18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bak. Hill

18. (a) Signature of funeral director Booth Funeral Home
(b) Address Butler Missouri

19. (a) Jan 18 1941 (b) Nana C. Culver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Butler Missouri
(If outside city or town limit, write "RURAL")

(d) Street No. North High Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1941 hour 5 minute 30 PM M.

21. I hereby certify that I attended the deceased from Jan 6 to Jan 16, 1941;
that I last saw her alive on Jan 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia

Due to Disseminated

Due to Aspiration

Other conditions (including pregnancy within 3 months of death) Chronic Myocarditis

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 53

(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature Chas. G. Rush (M. D. or other) D

Address Butler, Mo. Date signed 1-17-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 2-41-330

Date Filed 2-12-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.